

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION (CDCR)
OFFICE OF VICTIM AND SURVIVOR SERVICES
Fax Number: (916) 445-3737 Toll Free Number: (877) 256-OVSS (6877)
<http://www.cdcr.ca.gov/Victims/index.html>



It is your right to be notified of the status of an offender, including: scheduled release date from state prison, scheduled life parole hearing, escape, or death. No notice will be given when an inmate is moved from one facility to another.

PLEASE SUBMIT THIS FORM AFTER THE OFFENDER IS SENTENCED TO STATE PRISON.

- ☐ I am requesting notification of release regarding an offender and applying for special conditions of parole.
- ☐ I am requesting notification of release, applying for special conditions of parole, AND collection of restitution.
- ☐ I am requesting ONLY assistance with collection of Court Ordered restitution.

A. INMATE INFORMATION

Inmate's Full Name: _____ Date of Birth: _____
(FIRST) (MIDDLE) (LAST)

CDCR Number (Prison Number): _____ Date Sentenced to State Prison: _____

Court Case Number: _____ County of Commitment: _____

B. CURRENT ADDRESS

I understand that it is **MY** responsibility to keep CDCR updated regarding my current address and phone number so that notification can be made. Request for notification will be forwarded to the appropriate institution for confidential processing and will not be made available to the inmate or the inmate's attorney.

Applicant Name: _____
(FIRST) (MIDDLE) (LAST)

Address: _____
(STREET) (CITY) (STATE) (ZIP CODE)

Mailing Address (If different): _____
(STREET or P.O. BOX) (CITY) (STATE) (ZIP CODE)

Telephone Number (Day): _____ (Evening): _____

C. REQUEST FOR SPECIAL CONDITIONS OF PAROLE

Note: The Parole Authority considers all requests for special conditions of parole at the time of the inmate's release. Not all requests for special conditions are granted.

I am:

☐ Victim (direct victim of offender) ☐ Family member of victim Relationship: _____

☐ Parent/Guardian of victim ☐ Witness ☐ Concerned citizen

I would like to request the following special conditions of parole:

- ☐ No contact with victim (also applies while incarcerated) ☐ Parole offender to another county ☐ Parole offender 35 miles from victim's residence address (cannot be a P.O. Box)

If you would like to provide additional information explaining your request, please attach a separate sheet of paper.

D. REQUEST FOR DIRECT ORDER OF RESTITUTION COLLECTION

Please collect on a Direct Order of Restitution payable to (print name or business specified in the Court Order, and title if requesting for a business): _____ Amount: _____

Note: If you are in possession of the Court Order, attaching a copy to this form may accelerate this process.

E. SIGNATURE OF APPLICANT

Signature of Applicant: _____ Date: _____

CDCR 1707 (Rev. 02/06)**PRIVACY STATEMENT**

AGENCY STATEMENT: The California Department of Corrections and Rehabilitation (CDCR), Request For Victim Services and Restitution Collection, CDCR 1707.

OFFICE RESPONSIBLE FOR FORM: Office of Victim and Survivor Services (OVSS), P.O. Box 942883, Sacramento, CA 94283-0001. The telephone number is 1-877-256-OVSS (6877) or (916) 322-6676.

AUTHORITY: Penal Code Sections 679.03, 2085.5, and 3058.8.

PROVIDING INFORMATION: The information requested is necessary to process your request for victim services and/or restitution collection and is voluntary. Failure to provide any of the information requested may prevent OVSS from processing your request(s). All information will remain confidential and accessed by the OVSS staff. Information provided for restitution collection will be transferred to the Board of Control for disbursement of restitution collected by CDCR.

Fold Here

Fold Here

Return Address

THE POST OFFICE WILL NOT DELIVER WITHOUT A STAMP
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CONFIDENTIAL

California Department of Corrections and Rehabilitation
Office of Victim and Survivor Services
P.O. Box 942883
Sacramento, CA 94283-0001